Testimony to the House Health Policy and Agriculture Committees
Avian Influenza Preparedness
January 30, 2006

Dear Chairmen Nitz and Gaffney, members of the committees and colleagues:

We would like to provide testimony today representing Michigan's local public health departments. My name is Kim Singh and I am the Health Officer for the Mid-Michigan District Health Department serving Clinton, Gratiot and Montcalm counties. I am also the current President of the Michigan Association for Local Public Health, also known as MALPH, which represents Michigan's 45 local health departments.

I would like to introduce Linda VanGills, Health Officer for District Health Department #10, which serves 10 counties: Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana and Wexford.

We thank you for this opportunity to share our thoughts regarding Michigan's capacity for Avian Influenza Preparedness.

Michigan's 45 city, county and district health departments provide a wide array of services that significantly impact the health of almost every citizen in our state. Under Michigan's Public Health Code (Act 368 of 1978), each county is required to have a local health department, each of which has a statutory responsibility for protecting the public's health. These efforts improve the health and the quality of life of a majority of the people living in a community, including protection against the threat of communicable diseases such as pandemic influenza (*see attached "communicable disease fact sheet"*).

Pandemic Influenza – Increasingly Deadly:

- 1918 influenza pandemic – 2% lethality
- Avian influenza: 1997 to spring 2005 – 55% lethality
- In comparison: Smallpox – 30% lethality

World Health Organization (WHO) estimates using a pandemic influenza model with 6% lethality:

- 2 – 7.4 million deaths expected
- 750 – 1.6 million will need care
- Sufficient vaccine for 3-5% population
- Sufficient Tamiflu for 2% global population

Infectious (communicable) disease is the 2nd leading cause of death world-wide, accounting for 26% of all deaths.

Serious infectious disease – specifically an Avian Influenza Pandemic – will affect national security and the global economy.

The dire predictions related to an Avian Influenza Pandemic will only be mitigated and controlled via a strong and responsive public health system.

of the Public Health Code specifies a 50-50 (state-local) cost sharing of these eight required priority programs. Erosion in funding from the state has led to a lack of staff that have epidemiological or communicable disease training. This funding is less than FY 1998-99 levels.

- Each year, Local Health Departments respond to over 450,000 cases of infectious diseases, including influenza.
- Local Health Departments have too few staff to investigate current disease cases or to educate physicians and other community partners on the importance of reporting diseases completely and timely, or for the surge response that will be needed to respond to pandemics.
- As an example of the myriad obstacles faced, District 10 Health Department is expected to, and should, fully participate in 10 Emergency Operations Centers (EOCs) at the county level; this is impossible as there is not enough top-level staff to assign to each of those counties.
- A recent survey of all 45 health departments estimates a $5 million increase in communicable disease funding is necessary to adequately respond to routine events, not to mention a crisis situation that pandemic influenza would present.
- **RECOMMENDATION:** Increase funding to assure adequate state-wide local public health capacity in the area of disease surveillance, training and enhanced laboratory capacity. Take into consideration lost productivity in other program areas when staff are trained in bioterrorism issues.
- **RECOMMENDATION:** Change current law to allow Michigan Childhood Immunization Registry to track adult vaccinations (currently only for up to age 20). Senate Bill 728 is in the legislature awaiting approval and addresses this vital data management resource. This will be essential in tracking efforts related to an avian influenza pandemic or other widespread disease outbreaks.
- **RECOMMENDATION:** Passage of Emergency Communicable Disease Rules. Our current rules do not provide the nimbleness necessary to assure adequate and timely reporting of new and emerging disease threats.

Government must have the ability to respond in all situations to all sectors. Public notification strategies to ensure timely and accurate communication between government, health, agriculture agencies and residents is essential.

- Local public health departments provide a consistent local presence.
- Each local health department has a designated Public Information Officer (PIO).
- Current state-level interagency meetings focus on message-mapping development, which provides for consistent, prepared messages ready for distribution.
- Some PIOs meet bi-monthly on a regional basis, such as the Region 6 Risk Communication group, to share resources and avoid redundancy.
- **RECOMMENDATION:** PIOs (from all 45 Local Health Departments as well as the PIOs from state agencies) should meet on a routine basis to discuss issues, sharing of resources and message-mapping for emergencies.
- **RECOMMENDATION:** Some funding is needed to ensure interoperability amongst PIOs, such as shared software, laptop availability and wireless Internet connectivity.

Preventing infectious disease: Is the response you're counting on there?

Typical annual activity:

Each year, local health departments respond to over 450,000 cases of infectious disease including influenza, AIDS/HIV, tuberculosis, gonorrhea, hepatitis, meningitis, chlamydia, E. coli, salmonella, and more. These diseases harm Michigan's citizens, students, families, and businesses. In addition, local health departments and their partners immunized 1,738,163 Michigan residents against vaccine-preventable diseases, including influenza.

Typical outcomes and benefits:

- Local health departments prevent disease, unnecessary human suffering, and economic cost through immunization, disease surveillance, laboratory testing, education, counseling, inspection, investigation, and treatment.
- Immunization rates in Michigan have risen significantly from 61% in 1994 to 81% in 2004.
- Business remains productive, workers stay on the job, and students stay in school.

On-going risks:

- Local health departments have too few staff :
  - to investigate both current disease cases and newly emerging disease cases in a timely manner
  - for surge response to pandemics such as influenza or other large outbreaks of disease
  - to educate physicians and laboratories to report diseases completely
- Local health departments' staff are aging and lack sufficient technological resources.
- The State of Michigan fails to honor its funding obligations under the Public Health Code (Act 368) to provide local health departments with 50% of the resources necessary to protect Michigan's residents against communicable disease.

The science of prevention and local health department intervention:

- Timely reporting of disease initiates rapid response, containment, and treatment.
- Rapid response, containment, treatment, and education prevent additional infections and diseases as well as reducing health care costs, loss of work and school time, and interruptions to family life.

The difference a local health department makes:

~An unexplained outbreak of a serious bacterial infection (E. coli O157.H7) occurred in 2004. Swift measures by the local health department to track disease, educate the public about the symptoms, and treat the illness received wide publicity and prevented further spread of the disease.

~Local public health agencies statewide responded to the unexpected shortage of flu vaccine in 2004. Health departments organized collaborative community responses, provided timely immunizations to prevent flu, educated the media and community members, and monitored the spread of the influenza virus.